(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	
<015>	Study Area Name	448029
<020>	Program Year	Texas 10, LLC
<030>	Contact Name - Person USAC should contact regarding this data	2018 Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	
10005	contact Email/rearess Email/rearess of person facilities in data line 40505	Cattausbaugheterronenation. Com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	100000.49
<203>	Total Mobility Fund Support Disbursed	100000.49
<210>	Actual Completion Date	07/09/2015
<211>	Project Status Description (attached)	448029_PSD_TX.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	→
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	→
<215>	Status of Network Deployment - Maintenance	√
<216>	Project Budget Status	✓
<217>	Project Plan Status	✓
<218>	Network will Support 3G/4G Mobile Service ?	3G O 4G

(and course the second of	FCC Form 690
(101) Certification - Reporting Carrier	FCC FOITH 090
	Approved by OMB
	Appliored by Olivo
	OMB Control No. 3060-1185
	Page 7 of 8

<010>	Study Area Code	448029
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Texas 10, LLC Name of Reporting Carrier:

CERTIFIED ONLINE Signature of Authorized Officer:

Date 06/29/2018

Printed name of Authorized Officer:

Chad Strausbaugh

Staff Counsel Title or position of Authorized Officer:

6105356474 ext. Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: 448029 Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Certification - Agent / Carrier FCC Form 690 Approved by OMB	
OMB Control No. 3060-1185	

	<010>	Study Area Code	448029
_	<015>	Study Area Name	Texas 10, LLC
	<020>	Program Year	2018
Ξ	<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
	<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
	<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

	certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent is accurate. e of Authorized Agent: e of Reporting Carrier: ture of Authorized Officer: Date: por position of Authorized Officer:		
Name of Authorized Agent:			
Name of Reporting Carrier:			
Signature of Authorized Officer:		Date:	
Printed name of Authorized Officer:			
Title or position of Authorized Officer:			
Telephone number of Authorized Officer:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		

	rized to File for Mobility Fund Recipients on Behalf o	
	orized to submit the reports for Mobility Fund recipients on l carrier; and, to the best of my knowledge, the information re	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agent	t	
Telephone number of Authorized Agent or Employee of Ag	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

																	rt	

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448029
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

<a1></a1>	<a2></a2>	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	<c3> Total Road Miles covered per Census Block</c3>	Certify that Coverage and Performacne data is uploaded (yes/no)
TX	Rusk	0000	0	0	0	0.0	0.0	0.0	Yes
		-		1		+ 0.0			
								İ	
	1					+	· ·		
	-							 	
	1			†					
	1					+			
						1			
									
								 	

Percentage of Total Population Reached by Service

0			

Percentage of Total Road Miles covered by Service

0			

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Project Status Description

Item: SAC 448029 County/State: Rusk, TX

Total Award Amount: \$100,000.49

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

			,	FCC Form
Mobility	Fund			Approved by OMB
Phase 1	- §54.1009 Annual Reporting			OMB 3060-1185
Data Co	lection Form		Avg. Burd	en Estimate per Respondent: 18 Hours
<010>	Study Area Code	448030		
<015>	Study Area Name	Texas 10, LLC		Accepted / Filed
<020>	Program Year	2018		JUN 2 9 2018
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	Fe	deral Communications Commission
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents file		N) <040> O	•
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	er tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Car	rier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		448030	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding th	is data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifie		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identifie	ed in data line <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>	-	Texas 10, LLC		
<113>		900 West Valley Roa	ed. Suite 600	
<114>	•	Wayne	a, sarce out	•
<115>	· ·	******		
<116>		PA		***
<117>	Tolonhone Number	19087		
<118>	Fax Number	6105356474 ext.		
<119>	Email Address	6106885209		
11137		cstrausbaugh@cellon	nenation.com	
<u>Contact Ir</u> <120>	if same as above, indicate in this box Name (First, MI, Last, Suffix)			
<121>	Filing Country Money	Chad Strausbaugh		
	-	Texas 10, LLC		
<122>		200 West Valley Road	d. Suite 600	
<123>		Nayne		
<124>	-	PA		
<125>	Zip-Code <u>1</u>	19087		
<126>	Telephone Number	5105356474 ext.		
<127>	Fax Number	5106885209		
<128>	Email Address	estrausbaugh@cellone	enation.com	
<u>Authorize</u>	d Agent Information if no agent, indicate in this box ✓			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>				
	Telephone Number	****		
<137> <138>	Fax Number			_
Z129N	Email Address			

Page 3 of 8

<010>	Study Area Code	448030
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2017 - 07/2018	

Coverage and Performace attachments

448030_CPRd_TX.zip	•		

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d>< <141> Total Road Road Certify that Road Miles per Miles Coverage and Resident Total Resident | Miles Census Performance data covered Resident Population Population per Block per is uploaded Population per Newly Reached Reached by Census Newly Census (Yes/no) State County Census Block Census Block by Service Service Block Reached Block -- See attached worksheet

O	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(070) Urban Rate Comparability Certification Compliance Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
--

<010>	Study Area Code	448030
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this ormand in any attachments is accurate.					
Name of Reporting Carrier: Texa	s 10, LLC				
Signature of Authorized Officer:	CERTIFIED ONLINE	Date 06/29/2018			
Printed name of Authorized Officer:	Chad Strausbaugh				
itle or position of Authorized Officer:	Staff Counsel				
Telephone number of Authorized Officer:	6105356474 ext.				
Study Area Code of Reporting Carrier:	448030	Filing Due Date for this form: 07/02/2018			

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the repor	ting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the reports a	and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Fitle or position of Authorized Officer or Employee:	
Felephone number of Authorized Officer or Employee:	100-100-100-100-100-100-100-100-100-100
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

Certification of Agent Authorize	to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
l, as agent for the reporting carrier, certify that I am authorize data provided by the reporting carrier; and, to the best of my	d to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based o knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	The state of the s
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent:	The state of the s
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

080) Triba	al Lands Reporting			FCC Form 690 Approved by OM OMB Control No. Page 5 of 8	
<010>	Study Area Code		448030		
<015>	Study Area Name		Texas 10, LLC		
<020>	Program Year	······································	2018		
<030>	Contact Name - Person USAC should contact regarding this	data	Chad Strausbaugh		
<035>	Contact Telephone Number - Number of person identified in		6105356474 ext.		
<039>	Contact Email Address - Email Address of person identified i	n data line <030>	cstrausbaugh@cellonen	nation.com	
<142>	State				
<143>	County				
<144>	Tribal Land(s) on which ETC Serves				
		····	V 40-1	1900-11 to .	
<145>	Tribal Government Engagement Obligation	me of Attached Docume	ent (.pdf)		
	If your company serves Tribal lands, please select (Yes, No, Neach of these boxes to confirm the status described on the a PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:	ittached			
			elect		

		Select
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	(Yes, No, Not Applicable)
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Projec	t Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	448030
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	106940.00
<203>	Total Mobility Fund Support Disbursed	105164.80
<210>	Actual Completion Date	06/23/2015
<211>	Project Status Description (attached)	448030_PSD_TX.pdf
	Please shook these haves below to see firm that the attack of DDF and the	{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	✓
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	✓
<217>	Project Plan Status	√
<218>	Network will Support 3G/4G Mobile Service ?	3G () 4G

Page 7 of 8

<010>	Study Area Code	448030
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Texas 10, LLC Name of Reporting Carrier: Date 06/29/2018 CERTIFIED ONLINE Signature of Authorized Officer: Chad Strausbaugh Printed name of Authorized Officer: Staff Counsel Title or position of Authorized Officer: 6105356474 ext. Telephone number of Authorized Officer: 07/02/2018 Study Area Code of Reporting Carrier: 448030 Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

06/29/2018 Page 7

{102} Certification - Agent / Carrier FCC Form 690 Approved by OMB Control	
Page 8 of 8	

<010>	Study Area Code	448030
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting	carrier. I
	esponsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized	
agent; and, to the best of my knowledge, the reports and	a provided to the authorized agent is accurate.	
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Certification of Agent Autho	rized to File for Mobility Fund Recipients on Behalf of Rep	orting Carrier
	orized to submit the reports for Mobility Fund recipients on behalf carrier; and, to the best of my knowledge, the information reported	
Name of Reporting Carrier:	1971 C	
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:	1977	Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agen	t	
Telephone number of Authorized Agent or Employee of Ag	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

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ł	и	٠	и	м		5.7	44	21	н	×	ж.	Π,	Б	w	W	ц	и	М,	в	T.	м	쇞	ч	u	a.	н	×	a	ı,	×	ч	в.	п	œ	υ	u	A	٠.	ä

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448030
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

Certify that **Total Road** Coverage and Resident Road Miles **Total Resident** Miles Performacne Population per Census Resident Population Road Miles covered per data is uploaded Newly Reached Population per Reached by **Block Newly** per Census Census Block (yes/no) by Service Census Block Census Block State County Service Block Reached Rusk 0000 0 0 Yes 0.0 0.0 0.0

> Percentage of Total Population Reached by Service

Percentage of Total Road Miles covered by Service

0			

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Project Status Description

Item: SAC 448030

County/State: Rusk, TX

Total Award Amount: \$106,940.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

	· ·		FCC Form
Mobility			Approved by OMB
	- §54.1009 Annual Reporting		OMB 3060-1185
Data Col	lection Form		Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448031	Accepted / Filed
<015>	Study Area Name	Texas 10, LLC	7.000ptod.71.110d
<020>	Program Year	2018	JUN 292018
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	Federal Communications Commission Office of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	
Escare transaction			
<040>	Has the information required pursuant to §54.1009		
	<041> Attach a description of the documents file	d with the Form 481 reporting	<041>
	<042> Cite the Study Area Code (SAC) for the For	m 481 reporting	<042>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	r tribal lands? Yes or No)	\circ

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Car	rier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		448031	
<015>	Study Area Name	· · · · · · · · · · · · · · · · · · ·	Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding t		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifi		6105356474 ext.	Martin
<039>	Contact Email Address - Email Address of person identif	ied in data line <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name	Texas 10, LLC		
<113>	Street Address (or PO Box)	900 West Valley Roa	d, Suite 600	
<114>	City	Wayne		
<115>	State	PA		
<116>	Zip-Code			
<117>	Telephone Number	19087		
<118>	Fax Number	6105356474 ext.		W. Annua
<119>	Email Address	6106885209		
	Zindii/iddi ess	cstrausbaugh@cellon	enation.com	
Contact In	formation			
	if same as above, indicate in this box			
<120>	Name (First, MI, Last, Suffix)	Chad Strausbaugh		
<121>	Filing Corrier Name	Texas 10, LLC	-	
<122>	Street Address (or PO Box)			
<123>	City	900 West Valley Road	Suite 600	
<124>	State	Wayne		·
		PA	- 100	
<125>	•	19087		
<126>	•	6105356474 ext.		
<127>	_	6106885209		
<128>	Email Address	cstrausbaugh@cellone	enation.com	
Authorize	d Agent Information			
	if no agent, indicate in this box			
	Name (First, MI, Last, Suffix)			-
<131>	Company		· · · · · · · · · · · · · · · · · · ·	****
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number	" "		
<137>	Fax Number			V-1-100A
<138>	Email Address			****
	-			

(060) Co	verage and Performance Report		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448031	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2017 - 07/2018		
	448031_CPR6	_TX.zip	

Coverage and Performace attachments

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>></d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance d is uploaded (Yes/no)
State	County	Cerisus Biock	Census Block	by service	Service	RIOCK	Keacned	BIOCK	
			8	ee attach	ed worksl	neet			
	_								
l	1						1		

by Service

Service

Approved by OMB OMB Control No. 3060-1185 Page 4 of 8	(070) Urban Rate Comparability Certification Compliance FCC Form 690 Approved by OMB
---	--

<010>	Study Area Code	448031
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

	f the reporting carrier; my resp	onsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this
form and in any attachments is accurate.		
Name of Reporting Carrier: Texa	s 10, LLC	
Signature of Authorized Officer:	CERTIFIED ONLINE	Date 06/29/2018
Printed name of Authorized Officer:	Chad Strausbaugh	
Fitle or position of Authorized Officer:	Staff Counsel	
Telephone number of Authorized Officer:	6105356474 ext.	
Study Area Code of Reporting Carrier:	448031	Filing Due Date for this form: 07/02/2018

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) carrier. I also certify that I am an officer or employee of the reporting carrie	is authorized to submit the information reported on behalf of the reporting r; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the reports and data pr Name of Authorized Agent:	ovided to the authorized agent is accurate.
Name of Reporting Carrier:	The state of the s
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	~
Title or position of Authorized Officer or Employee:	The state of the s
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier				
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.				
lame of Reporting Carrier:				
lame of Authorized Agent Firm:	747			
ignature of Authorized Agent or Employee of Agent:	Date:			
lame of Authorized Agent Employee:				
itle or position of Authorized Agent or Employee of Agent				
elephone number of Authorized Agent or Employee of Agent:				
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:			

(080) Triba	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448031	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding thi	s data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified			
<039>	Contact Email Address - Email Address of person identified			om
-1425	. ***			<u> </u>
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves —			
<145>	Tribal Government Engagement Obligation	lame of Attached D	ocument (ndf)	
	If your company serves Tribal lands, please select (Yes, No each of these boxes to confirm the status described on the PDF, on line 145, demonstrates coordination with the Trib government pursuant to § 54.1004 includes:	attached) for	
<146>	Needs assessment and deployment planning with a focus community anchor institutions;	on Tribal	Select (Yes, No, Not Applicable)	

<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	(Yes, No, Not Applicable)
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project Update Information FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8 <010> Study Area Code 448031 <015> Study Area Name Texas 10, LLC <020> **Program Year** 2018 <030> Contact Name - Person USAC should contact regarding this data Chad Strausbaugh Contact Telephone Number - Number of person identified in data line <030> 6105356474 ext. <035> Contact Email Address - Email Address of person identified in data line <030> cstrausbaugh@cellonenation.com <039> <200> Date Authorized to Receive Support 08/16/2013 <201> **Targeted Completion Date** 08/17/2015 <202> **Total Mobility Fund Support Awarded** 280639.98 <203> **Total Mobility Fund Support Disbursed** 261163.57 <210> **Actual Completion Date** 08/12/2015 <211> 448031_PSD_TX.pdf Project Status Description (attached) {Name of PDF attached} Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. <212> Status of Network Deployment - Network Design ✓ <213> Status of Network Deployment - Construction <214> Status of Network Deployment - Deployment ✓ Status of Network Deployment - Maintenance <215> <216> **Project Budget Status** <217> **Project Plan Status** Network will Support 3G/4G Mobile Service? <218>

(101) Cer	tification - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
<010>	Study Area Code	448031
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018

6105356474 ext.

cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

<035> Contact Telephone Number - Number of person identified in data line <030>

<039> Contact Email Address - Email Address of person identified in data line <030>

l certify that I am an officer of the reporting carrier; my responsibilities i best of my knowledge, the information reported on this form and in any	include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the value accurate.
Name of Reporting Carrier: Texas 10, LLC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/29/2018
Printed name of Authorized Officer: Chad Strausbaugh	
Title or position of Authorized Officer: Staff Counsel	
Telephone number of Authorized Officer: 6105356474 ext.	
Study Area Code of Reporting Carrier: 448031	Filing Due Date for this form: 07/02/2018

(102) Certification - Agent / Carrier	FCC Form 690 Approved by OMB
	OMB Control No. 3060-1185 Page 8 of 8

<010>	Study Area Code	448031
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; m agent; and, to the best of my knowledge, the reports and	is authorized to submit the information reported on behalf of the report esponsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent is accurate.	
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

certification of Agent Autilo	rized to File for Mobility Fund Recipients on Behalf of R	reporting carrier
	orized to submit the reports for Mobility Fund recipients on beh carrier; and, to the best of my knowledge, the information repo	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agen	<u> </u>	
Telephone number of Authorized Agent or Employee of Ag	gent:	
itudy Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

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FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448031
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

Certify that **Total Road** Coverage and Resident **Road Miles** Total Resident Miles Performacne Population per Census Resident Population **Road Miles** covered per data is uploaded Newly Reached by Service Reached by Population per **Block Newly** per Census Census Block (yes/no) State Census Block Census Block County Service Block Reached Sabine 0000 ТX 0 0 0.0 Yes 0.0 0.0

> Percentage of Total Population Reached by Service

^			
0			

Percentage of Total Road Miles covered by Service

0			

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Project Status Description

Item: SAC 448031

County/State: Sabine, TX

Total Award Amount: \$280,639.98

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

				FCC Form
Mobility	Fund			Approved by OMB
Phase 1	§54.1009 Annual Reporting			OMB 3060-1185
Data Col	ection Form		Avg. Burde	n Estimate per Respondent: 18 Hours
<010>	Study Area Code	448032		
<015>	Study Area Name	Texas 10, LLC		\aaantad / Eilad
<020>	Program Year	2018		Accepted / Filed
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		JUN 292018
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Fed	eral Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
<040>	Has the information required pursuant to §54.1009 l	been provided with a Form 481 filing (Y/N)	<040>	•
	<041> Attach a description of the documents file	d with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the For	rm 481 reporting	<042>	
4090-	Tribal lands Banatine (v/a2)	on beithed founded War on Mak		
<080>	Tribal Lands Reporting (y/n?) (Does this study area cove	r tribai ianas r Yes or Noj	\circ	ullet

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carı	rier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185
				Page 2 of 8
<010>	Study Area Code		448032	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding		Chad Strausbaugh	
<035> <039>	Contact Telephone Number - Number of person iden Contact Email Address - Email Address of person iden		6105356474 ext.	
<0332	Contact Ernali Address - Ernali Address of person idei	itilieu iii data iirie <0302	cstrausbaugh@cellonenation.com	******
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		. <u> </u>
<112>	Winning Bidder Carrier Name	Texas 10, LLC		
<113>	Street Address (or PO Box)	900 West Valley Roa	ad Suite 600	
		Wayne	ad, baree ood	
<114>	City			<u></u>
<115>	State	PA		
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209		
<119>	Email Address	cstrausbaugh@cello	nenation.com	
Contact Ir	nformation	_		
	if same as above, indicate in this box			
<120>	Name (First, MI, Last, Suffix)	Chad Strausbaugh		
<121>	Filing Carrier Name	Texas 10, LLC		
<122>	Street Address (or PO Box)	900 West Valley Roa	d Suite 600	
<123>	City	Wayne		
<124>	State	PA	<u> </u>	
<125>	Zip-Code	19087	V. Al-	
<126>	Telephone Number	6105356474 ext.		-
<127>	Fax Number			
<128>	Email Address	6106885209		
11202	Ellian Address	cstrausbaugh@cellor	nemation.com	
<u>Authorize</u>	ed Agent Information	7		
	if no agent, indicate in this box	_		
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			·······
				
<138>	Email Address			

	(060) Coverage and Performance Report			FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
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<010>	Study Area Code	448032
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2017 - 07/2018	

448032_CPRd_TX.zip

Coverage and Performace attachments

State	County	Resident Population per Census Block	Resident Population Newly Reached by Service	Population	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance is uploaded (Yes/no)
	 							
		\$	ee attach	ed worksl	neet			

Percentage of Total
Population Reached by
Service
Percentage of Total
Road Miles covered
by Service

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(070) Urban Rate Comparability Certification Compliance FCC Form 690	A STATE OF THE STATE OF THE STATE OF
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OMB Control No.	3050-1185
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	SAME OF STREET
Page 4 of 8	

<010>	Study Area Code	448032
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)				
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Texa	s 10, LLC			
Signature of Authorized Officer:	CERTIFIED ONLINE			Date 06/29/2018
Printed name of Authorized Officer:	Chad Strausbaugh			
Title or position of Authorized Officer:	Staff Counsel			
Telephone number of Authorized Officer:	6105356474 ext.			14000
Study Area Code of Reporting Carrier:	448032	Filing Due Date for this form:	07/02/2018	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the repo	orting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the reports	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Fitle or position of Authorized Officer or Employee:	
Felephone number of Authorized Officer or Employee:	**************************************
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

Certification of Agent Authorize	d to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authoriz data provided by the reporting carrier; and, to the best of m	d to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448032	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding t	this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifi	ed in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identif	ied in data line <030>	cstrausbaugh@cellonenation.com	
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached Docume	ent (.pdf)	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	(Yes, No, Not Applicable)
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	t Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	448032
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	244530.00
<203>	Total Mobility Fund Support Disbursed	225187.68
<210>	Actual Completion Date	07/29/2015
<211>	Project Status Description (attached)	448032_PSD_TX.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	✓
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	<u>√</u>
<217>	Project Plan Status	<u> </u>
<218>	Network will Support 3G/4G Mobile Service ?) 3G () 4G

(101) Certification - Reporting Carrier FCC Form 690 Approved by OME OMB Control No.	
Page 7 of 8	

<010>	Study Area Code	448032
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting best of my knowledge, the information repo		nclude ensuring the accuracy of the reporting requirements for Mo attachments is accurate.	bility Fund recipients; and, to the
Name of Reporting Carrier: Texas 10,	LLC		
Signature of Authorized Officer:	TIFIED ONLINE		Date 06/29/2018
Printed name of Authorized Officer:	ad Strausbaugh		
Title or position of Authorized Officer:	taff Counsel		
Felephone number of Authorized Officer:	6105356474 ext.		
Study Area Code of Reporting Carrier:	448032	Filing Due Date for this form: 07/02/2018	

under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Certification - Agent / Carrier	
(102) Certification - Agenty Carrier	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 8 of 8

<010>	Study Area Code	448032
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
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<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstraushaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my r agent; and, to the best of my knowledge, the reports and da	is authorized to submit the information reported on behalf of the reporting carrier sibilities include ensuring the accuracy of the data reporting requirements provided to the authorized vided to the authorized agent is accurate.
Name of Authorized Agent:	
· ·····	75
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Autho	rized to File for Mobility Fund Recipients on Behalf of	Reporting Carrier
	orized to submit the reports for Mobility Fund recipients on bel carrier; and, to the best of my knowledge, the information repo	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
lame of Authorized Agent Employee:		
itle or position of Authorized Agent or Employee of Agen	t	
elephone number of Authorized Agent or Employee of A	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	The Problem of London

Attachments

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<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448032
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018
		08/2017 - 07/2018

Certify that **Total Road** Coverage and Road Miles Resident **Total Resident** Miles Performacne per Census **Road Miles** Resident Population Population covered per data is uploaded Block Newly Census Block Population per Newly Reached Reached by per Census (yes/no) Reached Census Biock Census Block by Service Service Block State County Sabine 0000 0.0 Yes 0 0 0.0 ΤX 0.0

> Percentage of Total Population Reached by Service

0			
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Percentage of Total Road Miles covered by Service

	0		
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FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Project Status Description

Item: SAC 448032

County/State: Sabine, TX

Total Award Amount: \$244,530.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

Mobility	Fund			FCC Form Approved by OMB
Phase 1	- §54.1009 Annual Reporting			OMB 3060-1185
i	lection Form		Avg. Burd	en Estimate per Respondent: 18 Hours
		448033		- To mouto per respondent. To mouto
<010>	Study Area Code	440033		
<015>	Study Area Name	Texas 10, LLC	A	ccepted / Filed
<020>	Program Year	2018		
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		JUN 29 2018
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Fede	ral Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	-	
<040>	Has the information required pursuant to §54.1009 l			•
	<041> Attach a description of the documents file	a with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the For	m 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	r tribal lands? Yes or No)	\circ	
	· 	·	\cup	

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Car	rier Contact Form			FCC Form 690
				Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		448033	
<015>	Study Area Name	*	Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact rega		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person io		6105356474 ext.	
<039>	Contact Email Address - Email Address of person i	dentified in data line <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name		· · · · · · · · · · · · · · · · · · ·	
<113>	Street Address (or PO Box)	Texas 10, LLC		
	·	900 West Valley Roa	d, Suite 600	
<114>	City	Wayne	W	
<115>	State	PA		
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209		
<119>	Email Address	cstrausbaugh@cellon	enation.com	
Contact Ir	<u>nformation</u>			
	if same as above, indicate in this box	✓		
<120>	Name (First, MI, Last, Suffix)	Chad Strausbaugh		
<121>	Filing Carrier Name	Texas 10, LLC	· · · · · · · · · · · · · · · · · · ·	
<122>	Street Address (or PO Box)	900 West Valley Road	L Suite COO	
<123>	City	Wayne	1. SUITE BIII	
<124>	State			
<125>	Zip-Code	PA		
<126>	Telephone Number	19087		
<127>		6105356474 ext.		
	Fax Number	6106885209		
<128>	Email Address	cstrausbaugh@cellone	enation.com	
Authorize	d Agent Information	7		
	if no agent, indicate in this box	<u>`</u>]		
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State	· · · · · · · · · · · · · · · · · · ·		
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number	·		
<138>	Email Address			
×130>	Eman Address			

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	(060) Coverage and Performance Report			FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
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<010>	Study Area Code	448033
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2017 - 07/2018	

	448033_CPRd_TX.zip
Coverage and Performace attachments	

<a2> <a3> <b1> <b2> <b2> <c1> <c2> <c3> <d> <141> Total Certify that Road Road Road Miles per Miles Coverage and Resident Total Resident | Miles Census Performance data covered Resident Population Population per Block per is uploaded Population per Newly Reached Reached by Census Newly Census (Yes/no) Census Block Census Block State County by Service Service Block Reached Block -- \$ee attached worksheet

•	0	1	0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(070) Urban Rate Comparability Certification Compilance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
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<010>	Study Area Code	448033
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

CFR §54.1009(a)(4), the information reported on this
Date 06/29/2018
/2018

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize	an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the report	ting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the reports a	nd data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
	thed by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment r Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorize	o File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
, as agent for the reporting carrier, certify that I am authorize data provided by the reporting carrier; and, to the best of my	o submit the certification on behalf of the reporting carrier; I have provided the data reported herein based o owledge, the information reported herein is accurate.
lame of Reporting Carrier:	
Name of Authorized Agent Firm:	· · · · · · · · · · · · · · · · · · ·
ignature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
itle or position of Authorized Agent or Employee of Agent	
elephone number of Authorized Agent or Employee of Agent	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:

(080) Triba	l Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448033	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding th		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifie	d in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identifie		cstrausbaugh@cellonenation.com	
<142> <143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached Docum	nent (.pdf)	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select (Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Projec	t Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	
<015>	Study Area Name	448033 Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	367071.95
<203>	Total Mobility Fund Support Disbursed	359106.49
<210> <211>	Actual Completion Date Project Status Description (attached)	08/13/2015 448033_PSD_TX.pdf
	Please check these boxes below to confirm that the attached PDF, on line	{Name of PDF attached}
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	✓
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	✓
<217>	Project Plan Status	
<218>	Network will Support 3G/4G Mobile Service ?) 3G

(101) Certification - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
<010> Study Area Code	448033
<015> Study Area Name	Texas 10, LLC

2018

Chad Strausbaugh

cstrausbaugh@cellonenation.com

6105356474 ext.

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Contact Name - Person USAC should contact regarding this data

Contact Telephone Number - Number of person identified in data line <030>

Contact Email Address - Email Address of person identified in data line <030>

<020>

<030>

<035>

<039>

Program Year

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Texas 10, LLC Name of Reporting Carrier: CERTIFIED ONLINE Date 06/29/2018 Signature of Authorized Officer: Chad Strausbaugh Printed name of Authorized Officer: Staff Counsel Title or position of Authorized Officer: 6105356474 ext. Telephone number of Authorized Officer: Study Area Code of Reporting Carrier: 448033 Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

under Title 18 of the United States Code, 18 U.S.C. § 1001.

<010>	Study Area Code	448033
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)_ also certify that I am an officer of the reporting carrier; my respondance; agent; and, to the best of my knowledge, the reports and data p	is authorized to submit the information reported on behalf of the rep sibilities include ensuring the accuracy of the data reporting requirements provided to the autho vided to the authorized agent is accurate.	_
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Autho	rized to File for Mobility Fund Recipients on Behalf of Re	eporting Carrier
	orized to submit the reports for Mobility Fund recipients on beha carrier; and, to the best of my knowledge, the information report	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
ignature of Authorized Agent or Employee of Agent:		Date:
ame of Authorized Agent Employee:		
itle or position of Authorized Agent or Employee of Agen	t	
elephone number of Authorized Agent or Employee of A	gent:	
	Filing Due Date for this form:	•

Attachments

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1	٤	3	t	N	Ü	ı	a	Ľ	v	п	п	п	Е	9	н	а	٤	u	Е	Ç.	2	ł	г	Ţ	v		۲	ĕ	Е	1	7	а	2	г	П	k	h	2	П	τ	О	Е	ħ.	ı	6	е	p	и	э	п	Ľ	ä

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448033
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

Certify that **Total Road** Coverage and **Road Miles** Resident **Total Resident** Miles Performacne Resident Population Population **Road Miles** per Census covered per data is uploaded per Census **Block Newly** Population per **Newly Reached** Reached by Census Block (yes/no) County Census Block Census Block by Service Service Block Reached State Sabine 0000 0 0.0 TX 0 0.0

> Percentage of Total Population Reached by Service

0			

Percentage of Total Road Miles covered by Service

0			

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Project Status Description

Item: SAC 448033

County/State: Sabine, TX

Total Award Amount: \$367,071.95

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

Mobility			FCC Form Approved by OMB
	- §54.1009 Annual Reporting lection Form		OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
	Study Area Code	448034	
<015>	Study Area Name	Texas 10, LLC	Accepted / Filed
<020>	Program Year	2018	
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	JUN 2 9 2018
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	
Carley Care	en e		
<040>	Has the information required pursuant to §54.1009		1 <040>
	<041> Attach a description of the documents file	ed with the Form 481 reporting	<041>
	<042> Cite the Study Area Code (SAC) for the For	rm 481 reporting	<042>
000			
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	er tribal lands? Yes or No)	$igcup_{igo}igodom{igo}{igodom{igo}{igodom{igo}}}}}} \limeties $

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

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THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.